



**DIVISION OF EMERGENCY MANAGEMENT**  
**TEXAS DEPARTMENT OF PUBLIC SAFETY**  
Tropical Storm Allison Closeout Facility  
5425 Polk, Ste. 470  
Houston, TX 77023  
**OFFICE 713-967-7015**  
**FAX 713-967-7001**



# TRANSMITTAL

RECEIVED

FEB 04 2013 <sup>RD</sup>

COUNTY JUDGE

**To:** The Honorable Ramon Garcia  
**From:** Doug Rowell, SHM Specialist for 404HMGP Projects  
**CC:** State HMGP/HFO Archives  
**Date:** 31 January 2013  
**Re:** AWARD PACKAGE / DR-1999-022 ~ MAP

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**Judge Garcia**

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**Please find attached the Award Package for your project DR-1999-022 ~ Mitigation Action Plan**

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Doug Rowell

STATE HAZARD MITIGATION SPECIALIST  
DIVISION OF EMERGENCY MANAGEMENT  
HOUSTON FIELD OFFICE  
5425 POLK STREET, SUITE 470  
HOUSTON, TEXAS 77023-1423  
DESK: 713-967-7015  
FAX: 713-967-7001  
NEW e-mail: [Douglas.Rowell2@dps.texas.gov](mailto:Douglas.Rowell2@dps.texas.gov)

**Access our forms and information at:**  
<http://www.txdps.state.tx.us/dem/downloadableforms.htm#hmgpprants>

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# TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001

512/424-2000

[www.dps.texas.gov](http://www.dps.texas.gov)



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ALLAN B. POLUNSKY  
RANDY WATSON

January 28, 2013

The Honorable Ramon Garcia  
Hidalgo County Judge  
302 West University Drive  
Edinburg, Texas, 78539

Dear Judge Garcia:

The Hidalgo County funding request to develop a Mitigation Plan for Hidalgo County under CFDA 97-039 Hazard Mitigation Grant Program (HMGP) has been selected by the State of Texas and approved by the Federal Emergency Management Agency (FEMA).

The approved grant project number is DR-1999-022 and should be used on all future documents and correspondence relating to this project. The approved application identified the total project costs as \$133,000.00 with a 25% local non-federal share of \$33,250.00. The 75% federal share awarded for this project is \$99,750.00. Project implementation will be in accordance with the FEMA Hazard Assistance Unified Guidance of June 1, 2010, the 44 Code of Federal Regulations, and the FEMA approved Texas HMGP Administrative Plan. Reimbursements are based on 75% of each reimbursement request for documented eligible project costs.

**The following project, procurement, financial and reporting conditions apply to this grant award and each element must be met during the period of performance:**

- 1) The final local Mitigation Action Plan (The Plan) must meet or exceed the Final Rule for local mitigation planning found in 44CFR § 201.6 in order to be FEMA approved;
- 2) The sub-grantee will use the Local Mitigation Plan Review Guide Package provided by the State through the DPS/TDEM website. A completed Regulation Checklist (in MS Word) must accompany all Plan submittals. All initial Plan submittals must include one hardcopy and one CD;
- 3) The natural hazards assessed in The Plan shall coordinate with the current FEMA-approved State of Texas Hazard Mitigation Plan and must adequately address all natural hazards with any probability of occurrence in the planning area;
- 4) The FEMA award date for this project is October 22, 2012 with a period of performance (POP) of 24 months. The project, including FEMA approval and local adoption, must be completed by October 22, 2014. If, due to extenuating circumstances, the project cannot be completed within this POP, the sub-grantee must request an extension in writing and submit it to the State 90 days prior to October 22, 2014;
- 5) The sub-applicant will submit The Plan to the State no later than 12 months prior to the end of the performance period. The Plan will be submitted to FEMA for review and approval following a

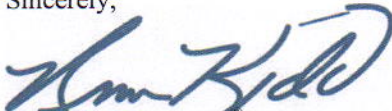
State review and concurrence that The Plan meets the 44CFR criteria. FEMA will not review plans submitted directly by a sub-grantee;

- 6) Plans submitted to the State for review will cover no more than two counties and those participants within its boundaries. Special District Plans may qualify for exemption from the two county policy;
- 7) In order to be eligible for FEMA mitigation grant programs, each participant in The Plan must meet all the 44CFR requirements and conclude its performance with submittal of an acceptable adoption resolution;
- 8) Any contract associated with this project must be procured and issued in accordance with local, state, and federal laws. In addition, the following items must be submitted to the State: the sub-grantee procurement policy; a copy of the published notices for bids or Requests for Qualifications (RFQ); a narrative of the selection activities; a verification from the System for Award Management ([www.sam.gov/portal/public/SAM](http://www.sam.gov/portal/public/SAM)) that the contractor is not debarred; and a copy of the contract, Memorandum of Understanding (MOU), or Memorandum of Agreement (MOA). Contract costs must be: broken into material and labor; specific to the identified eligible activities within the approved scope of work and cost breakdown; contract costs must be considered reasonable for the project and the area; and in accordance with Federal Acquisitions Regulations (FAR Part 16.012) "cost plus " contracts will not be acceptable; (Enclosure 1)
- 9) You are required to submit a Quarterly Progress Report to this office no later than October 15; January 15; April 15 and July 15 of each year until the project is completed. Two consecutively missed reports, or two consecutive reports indicating no progress, may result in your project funding being forfeited. A copy of the report format is enclosed and an electronic copy may be requested; (Enclosure 2)
- 10) Requests for reimbursement of expenses may be submitted quarterly. Payments will be made within 21-30 days after receipt of complete and accurate documentation. A copy of the report format is enclosed and an electronic copy may be requested; (Enclosure 3)
- 11) The payment schedule for the creation of a Mitigation Action Plan as stated in the State Hazard Mitigation Plan, Annex A, is as follows:
  - a. During the course of the project, if the sub-grantee maintains the time schedule submitted with the grant application, they will be eligible to request quarterly reimbursements for work performed up to 75% of the awarded federal share of the grant; and
  - b. Upon FEMA approval of The Plan, the sub-grantee may request the final 25% (also see item #7 of this letter);
- 12) As notification that the project has concluded and is ready for the final audit, the sub-grantee will submit the Certificate of Completion along with a final quarterly report containing a recap of all project expenditures. A chief elected official or his/her designated representative must sign this document. Final project payments are made based upon the Certificate of Completion and the final inspection and audit by our staff. A copy of the report format is enclosed and an electronic copy may be requested; (Enclosure 4)

- 13) If you have received over \$500,000 total funding from any federal programs during this federal fiscal year, you will be required to provide the State with a copy of your current annual audit, performed per OMB Circular No. A-133. Further information on audit requirements may be obtained from our Disaster Auditor at 512-424-7829. All HMGP grants are subject to federal audit; therefore, all records must be maintained for three years from the date of project close-out or upon receipt of the final payment, whichever is later.

If you have any questions, please contact your project officer, Doug Rowell, at 713-967-7015 or via [douglas.rowell2@dps.texas.gov](mailto:douglas.rowell2@dps.texas.gov).

Sincerely,



W. Nnn Kidd, CEM®  
Assistant Director  
Texas Department of Public Safety  
Chief  
Texas Division of Emergency Management

WMK:ew

Enclosures: 1 – Exclusive Parties List System Form  
2 – Quarterly Progress Report Form  
3 – Request for Reimbursement Form  
4 – Certificate of Completion Form

cc: Mario Betancourt, Deputy EMC  
Rolando Benavides, Deputy EMC

## Excluded Parties List Verification Form

Verify the contractor is not on the Excluded Parties List by going to [www.epls.gov](http://www.epls.gov).

Name of the contractor is:

Names searched on the website are:

We certify the contractor we have chosen is not on the Excluded Parties List.

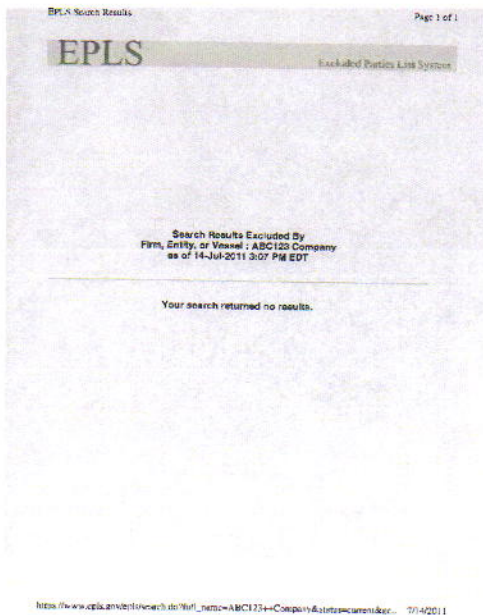
\_\_\_\_\_  
Verifying Individual's Printed Name

\_\_\_\_\_  
Verifying Individual's Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach EPLS Confirmation Printout/s see example below.





# TEXAS DIVISION OF EMERGENCY MANAGEMENT

## HOUSTON FIELD OFFICE

5425 Polk Street, Ste:470

Houston, TX 77024

OFFICE 713-967-7015

FAX 713-967-7001



# HEADS-UP

**To: Applicant POCs**

**From:** Doug Rowell, SHM Project Officer for your 404HMGP Project(s)

**CC:** N/A

**Date:** 11 December 2012

**Re: EXCLUDED PARIAS LIST SYSTEM**

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**Applicant POCs** ~ Here is the SAMS link you need to use instead of the [WWW.epls.gov](http://WWW.epls.gov). If you do go to the epls site it will say "There is a problem with this website's security certificate. You can click on the Continue to this website (not recommended). And it will take you to the link below.

<https://www.sam.gov/portal/public/SAM/>

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Doug Rowell, SHMS

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# Texas Mitigation Quarterly Report

<input type="checkbox"/> Phase I		<input type="checkbox"/> Phase II <small>(if applicable)</small>		FINAL <input type="checkbox"/>	DATE: <input type="text"/>
<b>Sub-grantee Name:</b>	Hidalgo County	<b>Approval Date:</b>	10/22/2012	Choose Quarter	
<b>Funding Source:</b>	HMGP	<b>Period of Performance Date:</b>	10/22/2014	Year <input type="text"/>	
<b>Disaster Number:</b>	DR-1999	<b>Project Primary POC:</b>	Mario A. Betancour		
<b>Project Number:</b>	022	<b>Title:</b>	Deputy EMC		
<b>Total Project Cost:</b>	133,000.00	<b>Phone:</b>	956-318-2615		
<b>Federal Cost :</b>	99,750.00	<b>Email:</b>	mario.betancourt@co.hidalgo.tx.us		
<b>Sub-Grantee Cost:</b>	33,250.00	<b>Secondary POC:</b>	Rolando Benavides		
<b>Phase I Appr Date:</b>	N/A	<b>Title:</b>	Deputy EMC		
<b>Amount:</b>		<b>Phone:</b>	956-318-2615		
<i>If your project officers change please notify the State by resubmitting a primary project officer designation form. Form # TDEM-613</i>		<b>Email:</b>	rolando.benavides@co.hidalgo.tx.us		
<b>Project Description</b>	Develop a new Mitigation Plan for County				
<b>Delays?</b>	<input checked="" type="checkbox"/> Select	<i>(Extension needed? Complete POP Extension Below)</i>			
<b>Cost Overrun / Under-run?</b>	<input checked="" type="checkbox"/> Select	Jurisdiction has funds available for an overrun <input type="checkbox"/>	Submit request to state in writing on letterhead <input type="checkbox"/>	Revised BCA Needed? <input type="checkbox"/>	NA <input type="checkbox"/>
Original Total		Total Increase		Revised Total	
Original Federal		Federal Increase		Revised Federal	
Original Sub-Grantee		Sub-Grantee Increase		Revised Sub-Grantee	
<b>SOW Change?</b>	<input checked="" type="checkbox"/> No	Attach a description of original SOW Measures and the revised SOW measures. <input type="checkbox"/>	Attach a Revised Cost Breakdown. <input type="checkbox"/>	Attach a Revised BCA if required. <input type="checkbox"/>	State Approval received? <input type="checkbox"/>
<b>SOW Notes:</b>					
<b>Objectives Completed This Quarter (2 required) be concise:</b>				<b>Percentage Complete:</b>	
1.					
2.					
3.					
4.					
<b>Reimbursement Request:</b>		<b>Reimbursement Request:</b>		<b>Period of Performance Extension:</b>	
Request Date:		Request Date:		Send State a request on jurisdictional letterhead with authorizing signature requesting an extension, include reason.	
Amount:		Amount:		Letter to State:	NA <input type="checkbox"/>
Received:		Received:		State Confirmation:	NA <input type="checkbox"/>
<b>Federal Funds Paid to Date:</b>				Approved?	NA <input type="checkbox"/>
<b>For Acquisitions only, record the number of structures....</b>			<b>Withdrawal</b>		
Already Acquired		Already Demolished		Send State a request on jurisdictional letterhead with authorizing signature requesting to withdraw the project.	
To be purchased		To be demolished		Letter to State:	<input type="checkbox"/>
<b>CLOSE OUT PROCESS</b>			<b>CONTINUE to submit quarterly reports until you have received final payment</b>		
Submit Reimbursement Request for final payment.			Forms were included in your approval packet.		
Once final payment is received submit the Certificate of Completion.			Contact Mildred Reno for any financial questions at (512) 424 -2428 / mildred.reno@dps.texas.gov		
The State will contact you in order to set up program/finance audit.					



**TEXAS DEPARTMENT  
OF PUBLIC SAFETY**

**DIVISION OF EMERGENCY  
MANAGEMENT**

**QUARTERLY  
HAZARD MITIGATION  
PROJECT PAYMENT REQUEST**

1. GRANTEE <b>Hildago County</b>	2. PROJECT NUMBER ASSIGNED <b>1999-022</b>	3. SUB-GRANTEE (Name and complete address, including zip code) <b>Hildago County 1615 S. Closner, Suite G, Edinburg, TX 78539</b>	
4. EMPLOYER I.D. NO. <b>74-600717</b>	5. TOTAL APPROVED FEMA SHARE <b>\$133,000.00</b>	6. FINAL REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. FEDERAL FISCAL YEAR <b>2013</b>
		8. PERFORMANCE PERIOD From: <b>10/22/2012</b> To: <b>10/22/2014</b>	
		9. Period Covered This Report From: To:	

**STATUS OF REPORT**

10. QUARTER DATE ENDING	(a)	(b)	(c)	(d)	(e)	TOTAL
	Quarter 1 12/31/09	Quarter 2 03/31/10	Quarter 3 06/30/10	Quarter 4 09/30/10		
a. Total Salaries	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Total Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
c. Total Salaries & Benefits (a + b)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
d. Total Travel Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Total Reproduction/Distribution Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
f. Total Other Itemized Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
g. Total Project Costs (c + d + e + f)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
h. Sub-Grantee Share of Project Cost @ 25%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
i. Federal Share of Project Cost @ 75%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**DETAILED EXPLANATION OF EXPENSE ITEMS REPORTED IN 10a THROUGH 10f**

11. REMARKS: Attach itemized list of project expenses (examples shown below, use additional pages if needed) CAPITAL EXPENDITURES MUST BE APPROVED IN ADVANCE

12. **CERTIFICATION:** I certify to the best of my knowledge and belief that this report is correct and complete. That all project work was contracted through a competitive bid process and verification of all bids may be required for successful application and completion of the project.

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	TELEPHONE NO. (include area code & extension)	DATE SIGNED
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## Procedure for Completing Quarterly Hazard Mitigation Payment Request Worksheet

This form is being implemented to track expenses specific to project costs approved by FEMA and related to Hazard Mitigation by the Texas Department of Public Safety (TXDPS), Division of Emergency Management (DEM), Hazard Mitigation Section (HMIT).

The following is a summary of the guidelines required for the successful completion of this form. This form is in Microsoft Excel format and the numerical fields will calculate values. Please remember to make a copy for your records and send via email to your assigned project officer here at DEM.

This form will be completed on a quarterly basis and submitted to (TXDPS) (DEM) (HMIT) **NO LATER THAN 30 DAYS FROM THE END OF THE QUARTER. ALL PROJECT COSTS ARE SUBJECT TO AUDIT AND MUST BE VERIFIED OR VERIFIABLE BY TXDPS OR THOSE PROJECT COSTS MAY BE DENIED.**

### Instructions

**While filling out this Worksheet, the following is a step by step instruction checklist on reporting the information necessary to receive payment:**

- #1 – Grantee is the Texas Department of Public Safety and will remain the same and not change under this program – **DO NOT CHANGE.**
- #2 – Project Number is the Number assigned to the Project by Texas Department of Public Safety (TXDPS) Division of Emergency Management (DEM)
- #3 – Sub-Grantee is the applicant Jurisdiction/Agency. An authorized contact name, and complete address, including zip code is required.
- #4 – Employer Identification Number (EID) is the assigned Federal Tax Number for the Entity, Jurisdiction or Agency.
- #5 – Total approved FEMA share is the approved amount provided by FEMA that equals to 75% share paid for the project. This figure will be provided to you prior to commencement of project work
- #6 – Final Report indicates whether this is a final report or an interim report. Place an "X" in the appropriate box.
- #7 – Indicates the Federal Fiscal Year which ends on September 30th.
- #8 – Indicates the Performance Period. This is the period of time allocated for project completion. Fill in the period when work was performed until work is completed.
- #9 – Indicates the Period Covered by this Report or the Quarter being reported.
- #10 – Indicates the segregated costs considered in this Project Analysis and Payment Request.
  - #10 a – Is the Total **BASE** salaries per employee with full employee name & supervisors name **NO OVERTIME OR FRINGE BENEFITS SHOULD BE INCLUDED.**
  - #10 b – Fill in the Benefits Costs incurred during the quarter. These include all fringe rates paid by employer: health insurance, overtime, vacation time, 401k, etc.
  - #10 c – Is a calculated field based on #10 a & b and includes Total Salaries and Benefits Costs.
  - #10 d – Is Total Travel Costs. For example: for mileage: miles x \$0.345 per mile = \$0.00; or for airfare for staff: copies of tickets, rental vehicles: receipts, etc.
  - #10 e – Is the Total Reproduction and Distribution Costs (printing related). For example, public notices in newspapers, training materials for public and staff, etc.
- PLEASE NOTE THAT THE ABOVE COSTS MUST BE ITEMIZED AND VERIFIED.**
- #10 f – Is the Total of all Itemized Costs not covered in 10a through 10e. **These Costs must be itemized and reported in detail in space provided in Section 11.**
- #10 g – Is the Total of all Project Costs: (10 c + d + e + f) this is a calculated field and includes the sub-total of all Salaries and Benefits.
- #10 h – Is a calculated field based on 25% of #10 g and includes the Sub-Grantee Share of the project cost based on the approved amount in Section 5 of form.
- #10 i – Is a calculated field based on 75% of #10 g and includes the Federal Share of the project cost based on the approved amount found in Section 5 of form.
- #11 – Fill in any and all remarks pertinent to the Project Costs. This space is intended for explanation of any Project Costs as well as inclusion of supporting documentation. Examples are shown below, use additional pages if needed. Additional, third party documentation may be referenced and sent separately (See #12)
- #12 – Fill in the Certification.
  - #12 a - **Read the Certification Statement. By signing your name, you attest to these facts as presented and these are subject to all Federal & State laws.**
  - #12 b - Type or Print your Name and Title.
  - #12 c - Sign – Must be a Signature of an Authorized Representative (See Section #3 of these instructions)
  - #12 d - Fill in Telephone Number including area code and extension if necessary of the Authorized Representative.
  - #12 e - Fill in the Date Signed. **MUST NOT EXCEED 30 DAYS OF THE END OF THE QUARTER AND MUST BE SUBMITTED WITHIN THOSE 30 DAYS.**
- Please Note: All participants are encouraged to fill out this sheet in excel and email to their TXDPS contact. A copy of this request should also be kept for your records and for TXDPS Hazard Mitigation Auditors. Questions regarding this form may be directed to Mildred Reno, at 512.424.2428.**

**MITIGATION GRANT**  
**CERTIFICATE OF COMPLETION**

SUBGRANTEE: Hidalgo County  
HMGP NUMBER DR-1999-022  
FINAL PROJECT COST \_\_\_\_\_  
FEMA SHARE AUTHORIZED \_\_\_\_\_  
FEMA SHARE SPENT \_\_\_\_\_  
DATE PROJECT COMPLETED \_\_\_\_\_  
ELEVATION CERTIFICATE \_\_\_\_\_  
CERTIFICATE OF OCCUPANCY \_\_\_\_\_  
SUBGRANTEE ID NUMBER 74-600717

CERTIFICATION

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL WORK AND COSTS CLAIMED ARE ELIGIBLE IN ACCORDANCE WITH THE GRANT CONDITIONS, ALL WORK CLAIMED HAS BEEN COMPLETED, AND ALL COSTS CLAIMED HAVE BEEN PAID IN FULL.

SIGNED:

\_\_\_\_\_  
APPLICANT'S AUTHORIZED REPRESENTATIVE

TITLE:

\_\_\_\_\_

DATE:

\_\_\_\_\_